



ASSERTION TO DECLINE TESTS (Required within 28 weeks gestation)

MIDWIFE:	LICENSE #:
PHONE:	EMAIL:

CLIENT #:	NAME:	PHONE:
DOB:	ADDRESS:	EMAIL:

The Midwife and the Client affirm with their signatures below, the midwife has informed the client of potential risks to both mother and child for declining a test. Understanding the potential risks, the client has declined the test(s) identified on this form.

<u>Test</u>	<u>Risks of declining for the mother</u>	<u>Risks of declining for the child</u>	<u>Date Declined</u>	<u>Client Initials</u>	<u>Midwife Initials</u>
Blood type, including ABO and Rh, with antibody screen	Rh antibody build-up affecting future pregnancies	Fetal demise			
Urinalysis	Undiagnosed/ unknown health risks such as preeclampsia can result in maternal demise	Undiagnosed/ unknown health risks such as preeclampsia can result in fetal demise			
HIV	Untreated leads to AIDS	Untreated leads to AIDS			
Hepatitis B	Untreated leads to liver failure	Untreated leads to liver failure			
Hepatitis C	Untreated leads to liver failure	Untreated leads to liver failure			
Rubella titer		Cognitive disability, deafness, blindness, fetal anomalies, demise			
Chlamydia	Pre-term labor	Heart deformation, fetal pneumonia, anomalies, demise			
Gonorrhea	Pre-term labor	Fetal anomalies			
Blood glucose screening completed between 24 and 28 weeks	Diabetes, kidney problems	Gestational diabetes, macrosomia, respiratory distress syndrome, fetal anomalies, demise			

Client signature:	Date:
Midwife signature:	Date: